



University of Messina



ISSN 2612-4033

Journal of Clinical & Developmental Psychology

Journal homepage: <https://riviste.unime.it/index.php/JCDP/index>



## Job Readiness and Self-Advocacy Interventions for Adolescents and Adults with Developmental Disabilities: A Scoping Review

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### ABSTRACT

**Background:** Adolescents and adults with developmental disabilities and neurodevelopmental conditions often face significant barriers when transitioning to employment. Job readiness and self-advocacy skills are increasingly recognized as key competencies supporting vocational participation and workplace inclusion.

**Methods:** Following PRISMA 2020 guidelines, this scoping review mapped empirical studies on interventions to promote job readiness and self-advocacy. A systematic search of ProQuest databases identified studies published between 2019 and 2024. Sixteen studies met the inclusion criteria, including nine addressing job readiness and seven focusing on self-advocacy.

**Results:** Job-readiness interventions ranged from multicomponent vocational programs to technology-enhanced interventions, such as virtual interview simulations, remote audio coaching, and augmented-reality environments. Quantitative findings indicated improvements in interview performance, task-analysis mastery, and employment readiness, while qualitative data highlighted increased confidence and reduced anxiety. Self-advocacy interventions, including structured curricula, multiliteracy approaches, behavioral coaching, and drama-based methods, reported gains in autonomy, communication, self-determination, and generalization across contexts. Adult stakeholders, including educators and caregivers, frequently supported implementation.

**Conclusions:** The evidence suggests that job readiness and self-advocacy function as complementary skill domains. Interventions that combine explicit instruction, structured practice, and the involvement of adult stakeholders show promising outcomes. However, the current evidence base is unevenly distributed across diagnostic groups, with a greater number of studies focusing on individuals with ASD compared to other neurodevelopmental conditions, and methodological variability and limited longitudinal evidence constrain generalizability.

**Keywords:** Job readiness; Self-advocacy; Developmental disabilities; Neurodevelopmental disorders; Technology-enhanced interventions; Employment readiness.

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<https://doi.org/10.13129/2612-4033/0110-5385>

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## **Introduction**

Finding and maintaining a job placement is a complex process with high relevance at the individual level, as it not only enables greater economic independence but also allows individuals to build and strengthen personal identity, knowledge, and skills (Kearney & Torres, 2022; Iacomini et al., 2021). For people with developmental disabilities, neurodevelopmental disorders, or other conditions that impact adaptive functioning, however, the paths to access and stay in work are significantly more difficult (Wicker et al., 2022; Holloway et al., 2020; Krishnan, 2021). The barriers derive both from heterogeneous individual characteristics, with wide inter-individual variability in terms of cognitive, social, and adaptive skills, and from environmental factors, including the lack of preparation of stakeholders in the world of work in relation to candidates with atypical functioning profiles (Rosenberg et al., 2020; Onwumere et al., 2021).

In this framework, it is crucial to clarify, operationally, key concepts that guide the design and evaluation of interventions (Ravinskaya et al., 2022). Self-Advocacy Skills refers to the set of behaviors, skills, and attitudes that enable a person to identify their needs, express them effectively, request accommodations, and actively participate in decisions that affect them, both in school and at work (Iacomini et al., 2022; Onwumere et al., 2021). These skills actively foster empowerment, enabling individuals to develop confidence, strengthen their sense of self-efficacy, and approach challenges and transitions, including entry into the workforce, with greater intentionality (Hippolitus, 2021). The Job Readiness construct, on the other hand, refers, in qualitative and quantitative terms, to the overall level of preparation required to access a job: it includes technical skills, transversal skills (communication, problem solving, teamwork) and aspects related to well-being and emotional regulation, all elements that affect the probability of entry and retention of employment (Wittevrongel et al., 2022).

Numerous studies suggest that early interventions and prevention programs oriented towards work inclusion are critical already in adolescence and in the school-to-work transition, especially for people with intellectual disabilities, mental disorders, or neurodevelopmental disorders (Domin et al., 2020; Vaingankar et al., 2021). Longitudinal studies and reviews indicate, for example, that good academic performance is predictive of high-functioning autistic individuals' access to transition support services, including accommodations, assistive devices, and specific workplace supports (Wong et al., 2021; Perri et al., 2021). In parallel, the development of social skills during transition phases, particularly communication, teamwork, problem-solving, and critical thinking, emerges as a crucial factor in employability, especially for people on the autism spectrum (Littin & Haspel, 2021).

In a subsequent phase, several studies have shown that interventions aimed at developing Self-Advocacy can support school and, potentially, work participation. Structured programs such as the

Self Advocacy Strategy (SAS) have demonstrated positive outcomes for students' self-determination and active participation (Balint-Langel et al., 2020). Multiliteracy approaches, which integrate textual, digital, and gestural literacy, seem to favor both the ability to express needs and preferences and the quality of interactions with teachers and other significant adults (Krishnan, 2021). On the more directly vocational side, interventions that support the self-disclosure of one's condition in work contexts (Tomas et al., 2023) or that use immersive and gamified technologies, such as the Augmented Reality Games to Enhance Vocational Ability of Patients (REAP) program (Tan et al., 2022), show improvements in professional, cognitive, and social skills. Additional programs, such as the Literacy-Based Behavioral Intervention (LBBI) for interview skills (Torres et al., 2021; Genova et al., 2024) or the Youth Breakthrough to Employment and Training (YBEAT) for young adults with mental disorders (Ow et al., 2022), suggest that intensive and structured pathways can increase self-confidence, social network, and preliminary indications of improved employability.

Despite this evidence, the literature has several cross-cutting gaps. From a methodological perspective, various authors highlight the need for more personalized interventions tailored to specific profiles (e.g., autistic people), rather than overly generic or standardized models (Nevala et al., 2019). Many studies report small sample sizes (Pinidiyapathirage et al., 2023; Janwadkar et al., 2021; Wittevrongel et al., 2022), very narrow age groups (Cole et al., 2023; Cook, 2020), and socio-demographic characteristics that are unrepresentative or with high comorbidities (Lambert et al., 2023; Holzberg et al., 2019; Wehman et al., 2020). In other cases, researchers implement experimental settings with limited control (Domin et al., 2020; Oh et al., 2020; Cuenca-Carlino & Mustian, 2013) and operationalize key constructs, such as job readiness, self-advocacy, or employment competence, in ways that lack transparency or standardization (Rast et al., 2020; Frentzel et al., 2022; Nevala et al., 2019). These elements make it challenging to compare studies and identify which components of the intervention are most promising.

Considering these critical issues, the objective of this scoping review is to provide a systematic and updated mapping of interventions aimed at promoting Job Readiness and Self-Advocacy Skills in adolescents and adults with developmental disabilities, neurodevelopmental disorders, or other conditions that affect adaptive functioning. In particular, the review aims to answer the following research questions:

- (1) What types of interventions have been implemented to promote job readiness and self-advocacy skills, and what evidence is available regarding their differential outcomes across specific target populations?
- (2) What outcomes are reported in studies investigating interventions aimed at promoting job readiness and self-advocacy?
- (3) What methodological characteristics (sample, setting, tools, research design) distinguish the existing studies, and what limitations are most highlighted?

## Method

We conducted this scoping review following the PRISMA 2020 – Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (Page et al., 2021). The aim is to systematically map and synthesize the scientific literature on interventions to enhance Job Readiness and Self-Advocacy Skills in adolescents and adults with developmental disabilities, neurodevelopmental disorders, or other conditions that affect adaptive functioning.

### *Research and selection of studies*

We conducted a literature search using ProQuest, an aggregator of international databases, to explore literature from interdisciplinary fields such as education, psychology, rehabilitation, and social work. The databases queried were Education Collection, Psychology Database, APA PsycInfo<sup>®</sup>, Publicly Available Content Database, Coronavirus Research Database, and Linguistics and Language Behavior Abstracts (LLBA). The literature search was conducted in March 2025, and the databases were last updated on that date.

The research was divided into two thematic macro-areas corresponding to the key concepts of the review: Job Readiness and Self-Advocacy Skills. In the Job Readiness module, the search string used was: ("job readiness" OR "workplace readiness" OR "workplace skills") AND disabilit\* AND ("quantitative assessment" OR "qualitative assessment"). For the module dedicated to Self-Advocacy Skills, we used the search string: "self-advocacy skills" AND disability.

During the identification phase, we retrieved 1,178 records. Of these, 1,170 were identified through electronic database searches, specifically 555 from the Job Readiness search and 615 from the Self-Advocacy Skills search, and 8 additional records were identified through other sources (e.g., literature reviews). These additional records were identified through screening of reference lists of relevant studies. After removing 18 duplicates, 1,160 records remained for screening. In the screening phase, we assessed all 1,160 records based on title and abstract. The screening process was conducted independently by two reviewers. Any discrepancies were resolved through discussion, and when necessary, a third reviewer was consulted. We excluded 1,117 records and retrieved the remaining 43 records for full-text examination. During the eligibility assessment, we reviewed all 43 full-text articles and excluded 27 that did not meet the inclusion criteria. Ultimately, 16 studies met all eligibility requirements and were included in the final review. Figure 1 shows the study selection process in detail. The main characteristics of the included studies are summarized in Table 1 and Table 2.

First author	Year	Country	Sample size	Study design	Thematic area	Setting
Balint-Langel	2020	USA	15 students and 4 educators	RCT (waitlist)	Self-Advocacy	School (urban middle school USA); educators
Cook	2020	USA	13	PRE-POST	Self-Advocacy	Community (therapy center); drama therapist; therapeutic theatre
Genova	2024	USA	20	RCT	Job Readiness	Digital training; research staff
Holzberg	2019	USA	4	MPD (participants)	Self-Advocacy	School (suburban USA); experimenters; tutoring room; campus generalization
Janwadkar	2021	USA	60	PRE-POST	Self-Advocacy	University; staff + case managers; residential setting
Kearney	2022	USA	3	MPD (students)	Job Readiness	Virtual (Zoom); coach + data collectors
Krishnan	2021	USA	2 students, 1 special education teacher, and 6 paraeducators	CS	Self-Advocacy	School (public high school); teachers + paraprofessionals; individual sessions
Onwumere	2021	USA	13	QEXP	Self-Advocacy	School; occupational therapists; group sessions
Oursler	2019	USA	126	QEXP (multi-group)	Job Readiness	Community; rehabilitation counselling trainees
Rosenberg	2020	USA	3 paraprofessionals and 3 students	MB (participants)	Self-Advocacy	School (public USA); classroom + virtual coaching (Zoom); 20-min sessions
Tan	2022	USA & Singapore	15	MM (pre-post)	Job Readiness	Virtual (café simulation)
Torres	2021	USA	3	MPD (A1B1A2B2)	Job Readiness	Hybrid (face-to-face + WhatsApp)
Wehman	2020	USA	156	RCT (multi-site block); SIS; SRS-2	Job Readiness	Hospitals (VA); special education staff (teachers, paraprofessionals, job coaches)
Williams	2024	USA	32	MD (int×time)	Job Readiness	Virtual training
Wilson	2024	USA	51	QUAL	Job Readiness	NR
Wittevrongel	2022	Canada	177	MM (triangulation)	Job Readiness	Community (vocational); facilitators

**Note.** Table 1 summarizes the general characteristics of the included studies, including first author, year of publication, country, sample size, study design, thematic area, and setting. The following acronyms are used: RCT = Randomized Controlled Trial; MPD = Multiple Probe Design; MB = Multiple Baseline; QEXP = Quasi-Experimental; MM = Mixed Methods; MD = Mixed Design; QUAL = Qualitative study; CS = Case Study; PRE-POST = Pretest–Post-test design; SIS = Supports Intensity Scale; SRS-2 = Social Responsiveness Scale, Second Edition; int×time = interaction between intervention and time.

First author	Sample age	Diagnosis	Thematic area	Dependent variable (s)	Independent Variable	Intervention	Qualitative Outcomes	Quantitative Outcomes
Balint-Langel	11 - 14	NR	Self-Advocacy	1) Self-Advocacy; 2) SHARE behaviors; 3) Autonomy, Self-Regulation, Psychological Empowerment, Self-Realization; 4) Capacity & Opportunity (knowledge, ability, perception, school/home opportunities).	Digital SACD (CD-ROM).	Structured digital training on self-advocacy, guided exercises, and activities on autonomy and self-regulation.	Increased student participation in school interactions. Improvement in relevant responses during informal meetings	Significant post-test differences (Self-Advocacy Report, $H = 9,869$ ; $p = .002$ ). Large effect sizes ( $Z^2 \approx .68-.70$ ) on multiple indicators.
Cook	13-27	ASD; CP; SLI; SLD; ID; DS; OCD; GAD; PTSD; DEP; CC	Self-Advocacy	Assertiveness (self-advocacy component).	Drama Therapy Role Play Intervention.	Therapeutic role-play based on original scripts; development of empathy, communication, assertiveness, and prosocial behaviors.	Increased confidence in expressing oneself. Perceived growth in assertiveness and communication	Significant increase in assertiveness ( $t(12)=3.48$ ; $p=0.005$ ) $\Delta M = 0.88$ ( $SD = 0.92$ ) in pre-post scores.
Genova	15-23	ASD	Job Readiness	A-MIRS (job interview skills), likelihood to be hired, ability to share personal info, job readiness self-report, job search behavior.	VIT-TAY + KF-STRIDE.	Interview simulator with automatic feedback + personal strengths module.	A greater sense of competence and confidence in the interview. Increased positive perception of one's own personal strengths	Significant combined effect (Cohen's $d = 1.19$ ) on interview skills. Increase in the score on the A-MIRS (performance interview, self-disclosure, likelihood to be hired).
Holzberg	17; 18; 18; 18	LD + ADHD; LD + ADHD; ADHD + ASD; ADHD + ASD.	Self-Advocacy	Properly written target behaviors to request accommodations and resolve conflicts; ability to negotiate academic accommodations.	Modified Self-Advocacy and Conflict Resolution (SACR).	4 sessions of 30 min: explanation of the target behavior, role-play with and without note cards, positive feedback, introductory PowerPoint, SACR I and II modules.	Perceived increase in the ability to request accommodations. Generalization of skills in more natural contexts	Increase in correctness of target behavior; all maintain and 3 generalize Net increases in correct answers to the 19 items of the probe.

Janwadkar	17-28	ASD	Self-Advocacy	Self-determined behavior: autonomy, self-regulation, psychological empowerment, self-realization.	Intensive summer residential program.	Program of 3 sessions of 12 days; qualified case managers; training on independence and work skills; monthly follow-ups; assessments with standardized tools (Holland Code, Career Index).	Increased confidence in independent living. Greater comfort in communicating with case managers	Average increase in trust and independence scores (not statistically significant).
Kearney	22; 22; 26	ID; ID; ID + ASD	Job Readiness	Percentage of correct and independent steps in the job search task analysis.	Live modeling + Remote Audio Coaching (RAC).	Total task modeling, remote voice prompts, one-on-one sessions, and pre-session probes to avoid practice effects.	High satisfaction with the use of technology. Perceived increase in job search skills. Strong social acceptability of the intervention	All three students achieve 100% accuracy in job search skills—100% maintenance in follow-up trials after weeks.
Krishnan	15; 16	ASD + VI; CP + ID	Self-Advocacy	Engagement, teacher-student interactions, perceptions of staff and parents, and opportunities for self-advocacy.	Implementation of multiliteracies.	Creating multimodal digital books with Book Creator in 1:1 sessions; staff training, multimodal approach, anti-deficit strategies.	Increase in teacher-student interaction. Greater empowerment and active participation. Students learn quickly through digital tools	NA
Onwumere	10-11	ASD	Self-Advocacy	Independent skills (daily skills, executive functions).	Weekly occupational therapy groups + Independence Curriculum (IC).	DLS (Daily Living Skills) intervention: roles and responsibilities, IADL, social participation, self-advocacy, community integration; practice of skills also in school and community contexts.	Perception of greater self-determination. Participants and parents report improvements in regulation and functional skills	Significant increase in the VABS-II "community skills" subscale ( $p = .04$ , not significant after Bonferroni correction). 64% executive goals and 78% self-regulation were achieved.
Oursler	18-66	MD (cognitive + psychosocial + sensory)	Job Readiness	Interview preparation, confidence, and the ability to answer difficult questions.	Direct Skills Training (DST).	Curriculum Presenting Qualifications, ROPES approach (review, overview, presentation, exercises, summary).	Increased confidence and preparation for the interview. Participants report improvements in their ability to answer complex questions	Overall medium-large effect ( $d \approx .75$ ). Significant pre-post increases across all subscales.

Rosenberg	13; 16; 11; 5	ASD + AD; ASD; ASD; MRELD + SADD	Self-Advocacy	Paraprofessionals: % of correct incidental teaching components; test rate; n. perfect tests. Students: rate of self-advocacy statements (prompted + independent; independent).	Bug-in-ear coaching.	Real-time coaching, immediate feedback via BIE; support to implement incidental teaching and increase self-advocacy emissions.	Increased use of self-advocacy statements. Paraprofessionals perceive coaching as practical and immediate	Very high Tau-U (0.98–1.00) for most variables. Significant effects for: IT accuracy, number of trials, and total statements. Moderate impact on independent statements (Tau-U = .36; p = .02).
Tan	Mean: 31,47	IDD	Job Readiness	Acceptability and effectiveness of REAP.	REAP (gamified AR) program.	4 scenarios (label, sandwiches, drinks, checkout) with levels from beginner to advanced, gradual Reduction of aids.	The program is perceived as valuable and interesting. AR is judged to be largely easy and engaging. Good acceptability by participants and trainers	47% find the duration "right", 20% "too short", 33% "too long". High comprehension and ease of use scores of AR tasks (prevailing percentages of "very easy"/"clear").
Torres	20; 22; 22	IDD	Job Readiness	% of correct steps in the task analysis for the interview.	Literacy-Based Behavioral Intervention (LBBI).	Structured lessons, role-plays, prompts, feedback, scripts, exercises without supports.	Perceived increase in confidence in handling the interview. Intervention considered valid and applicable	100% mastery of job interview skills for all 3 participants. 100% maintenance at follow-up (15–21 days).
Wehman	18-21	ASD	Job Readiness	Access to competitive work (paid employment, $\geq$ minimum wage, equivalent tasks, integrated interaction with peers without disabilities).	Project SEARCH plus ASD (9 months, classroom + unpaid internships).	Task analysis, social skills rehearsal, modeling, shaping, generalization, FBA, multicomponent plans, prompting/fading, final presentations, and CVs.	Non-stereotyped participants in specific tasks. Frequent interactions with colleagues and supervisors. Work experience perceived as inclusive	32% of participants got a competitive job at the end of the program. Significant Reduction in the number of "unengaged" young people 1 year after graduation. All workers received paychecks; some received partial or complete benefits.
Williams	17–26	ASD	Job Readiness	Job interview skills, interview anxiety, and the likelihood of employment.	Pre-ETS vs Pre-ETS + VIT-TAY.	VIT-TAY simulator with repeated interview practice.	Participants perceive benefits in trust and interview anxiety. Good acceptability of the virtual intervention	Improved job interview skills ( $\eta^2 = .32$ ; $p < .01$ ). Reduction of interview anxiety ( $\eta^2 = .12$ ; $p < .05$ ). Higher probability of being hired at 6 months ( $\eta^2 = .13$ ; $p < .05$ ).
Wilson	50-70	NR	Job Readiness	Caregivers' perceptions and experiences of adult child employment.	— (qualitative study).	Not applicable (qualitative study).	Caregivers report a crucial role in their children's career path. Mixed feelings present: hope, frustration, and	NA

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**Note.** Table 2 summarizes the characteristics of the included studies, including sample age, diagnosis, thematic area, dependent and independent variables, intervention type, and qualitative and quantitative outcomes. The following acronyms are used: ASD = Autism Spectrum Disorder; ID = Intellectual Disability; IDD = Intellectual and Developmental Disabilities; ADHD = Attention Deficit Hyperactivity Disorder; CP = Cerebral Palsy; SLI = Specific Language Impairment; SLD = Specific Learning Disorder; DS = Down Syndrome; OCD = Obsessive Compulsive Disorder; GAD = Generalized Anxiety Disorder; PTSD = Post-Traumatic Stress Disorder; AD = Anxiety Disorder; DEP = Depression; VI = Visual Impairment; LD = Learning Disability; MRELD = Mixed Receptive–Expressive Language Disorder; SADD = Speech Articulation Developmental Disorder; MD = Multiple Disabilities; CC = Chronic Conditions; NR = Not Reported.

### ***Data extraction***

Data were extracted from the included studies using a standardized extraction form. The following information was collected: author(s), year of publication, study design, participant characteristics, intervention type, and outcome measures. Data extraction was conducted independently by two reviewers, and any discrepancies were resolved through discussion.

### ***Inclusion Criteria***

Articles published between 2019 and 2024 were considered eligible to include the most recent evidence on contemporary and technology-supported vocational interventions, given the rapid development of this field in recent years. To be included, the studies had to adopt an experimental, quasi-experimental, or single-case design and include an empirical studies reporting outcomes of the intervention. As for participants, studies involving children, adolescents (13–17 years), or adults ( $\geq 18$  years) with developmental disabilities (DD), autism spectrum disorder (ASD), intellectual disability (ID), mental disorders, or other conditions requiring adaptive support. Studies aimed at operators or professionals working with these populations were also included if the intervention focused on enhancing target skills.

To be included, studies had to analyze improvement in Job Readiness and/or Self-Advocacy Skills as a dependent variable. Eligible outcomes included measures of job readiness (e.g., interview skills, task performance, workplace behavior, vocational skills, employment-related competencies) and self-advocacy skills (e.g., communication of needs, decision-making, assertiveness, self-determination). Both quantitative (e.g., accuracy, performance scores, standardized measures) and qualitative outcomes (e.g., perceived competence, engagement, or reported skill improvement) were considered. Finally, only articles published in English were considered.

### ***Exclusion Criteria***

Articles of a theoretical nature, study protocols, and reviews without empirical data were excluded from the review, as they provide empirical outcome data on the interventions. Studies that did not include any measures of effectiveness or that were not relevant to the two thematic areas at the center of this review were also excluded. Grey literature (e.g., dissertations, conference proceedings, reports, and unpublished studies) was also excluded, and only peer-reviewed articles were considered.

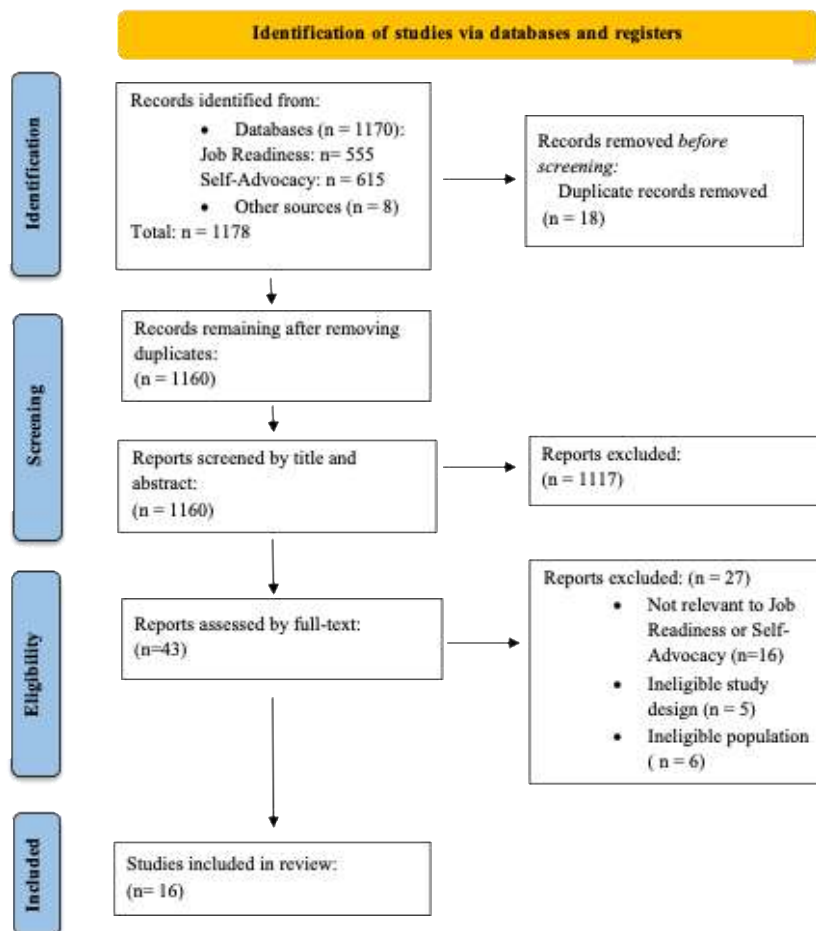


Figure 1. PRISMA flow diagram of the study selection process

## Results

The final corpus consisted of nine job-readiness studies (2019–2024) and seven self-advocacy studies (2019–2021), with publication years ranging from 2019 to 2024. Within the job-readiness domain, sample sizes ranged from 3 to 177 participants, totaling 452 individuals across studies. In the self-advocacy domain, sample sizes ranged from 4 to 60 participants, yielding a total of 110 participants. In addition to direct participants, several studies involved adult stakeholders responsible for implementing or supporting the interventions, including one special education teacher, nine paraprofessionals (6 in one study and 3 in another), and four educators.

Findings are presented according to the primary diagnostic profiles of participants to better highlight differences across conditions.

## **Job Readiness Studies**

### ***Autism Spectrum Disorder (ASD)***

Five studies focused primarily on adolescents and young adults on the autism spectrum, conducted mainly in the United States and Canada, with ages generally between 15 and 29 years. Interventions included one multicomponent program (Project SEARCH plus ASD; Wehman et al., 2020) and two technology-based approaches (Genova et al., 2024; Williams & Smith, 2024), alongside one community-based program (Wittevrongel et al., 2022). Outcomes reported improvements in interview performance, employment rates, and reductions in interview-related anxiety, suggesting that structured and technology-enhanced interventions may be associated with improvements in vocational outcomes for individuals with ASD.

### ***Intellectual Disability and Developmental Disabilities (ID/IDD)***

Three studies involved participants with intellectual and developmental disabilities. These studies implemented structured, often behaviorally informed interventions, including one augmented reality program (Tan et al., 2022), one literacy-based behavioral intervention (Torres et al., 2021), and one modeling-and-remote-coaching intervention (Kearney & Torres, 2022). These interventions emphasized task analysis, prompting, and repeated practice. Outcomes reported improvements in task accuracy, mastery of job-related steps, and functional vocational skills.

### ***Mixed and Heterogeneous Profiles***

Two studies included participants with mixed profiles of adaptive functioning, including multiple disabilities or broader developmental conditions (Oursler et al., 2019; Wilson et al., 2024). These studies implemented one community-based training program and one qualitative investigation of caregivers' perspectives. Outcomes reported improvements in work readiness, daily living skills, and overall functional independence. One study also provided qualitative insights into caregivers' perceptions of employment trajectories. One additional study included participants with overlapping diagnostic profiles (e.g., ID and ASD), limiting strict categorization across groups.

Across the nine job-readiness studies, research designs included two randomized controlled trials, three quasi-experimental or pre-post designs, two single-case designs, and two mixed-method or qualitative approaches. Implementation contexts included hospitals, schools, community settings, and virtual environments.

## ***Outcomes***

Across the job-readiness studies, quantitative findings documented improvements in core vocational competencies. Participants showed gains in interview accuracy and performance (Genova et al., 2024; Torres et al., 2021), increased mastery of job-search task-analysis steps (Kearney & Torres, 2022), and improvements in work-readiness and daily living skills (Wittevrongel et al., 2022). One large-scale study reported increases in competitive employment rates (Wehman et al., 2020), while one technology-based intervention reported reductions in interview-related anxiety (Williams & Smith, 2024).

Qualitative findings indicated that participants reported increased confidence and perceived preparedness for job-seeking and workplace demands. In three studies, technology-enhanced interventions were described as engaging and supportive of repeated practice. In two studies, participants highlighted the relevance of structured training in simulated or real work environments.

### **Self-Advocacy Studies**

Seven studies examined self-advocacy interventions and showed considerable heterogeneity in participants, interventions, and settings.

### ***Autism Spectrum Disorder and Neurodevelopmental Conditions***

Three studies focused on individuals with ASD or related neurodevelopmental conditions (Onwumere et al., 2021; Janwadkar et al., 2021; Balint-Langel et al., 2020). Interventions included one occupational therapy-based curriculum, one residential program targeting self-determination, and one digital curriculum-based intervention. Outcomes reported improvements in autonomy, self-regulation, and self-determined behavior, although not all results were statistically significant.

### ***Mixed and Complex Profiles***

Two studies included participants with heterogeneous profiles combining developmental, physical, and mental health conditions (Cook, 2020; Krishnan, 2021). Interventions included one multiliteracy-based digital approach and one drama therapy intervention. Outcomes reported increases in assertiveness, communication abilities, and perceived self-efficacy.

### ***Behavioral and Coaching-Based Interventions***

Two studies examined structured behavioral or coaching-based interventions (Rosenberg et al., 2020; Holzberg et al., 2019). These interventions included bug-in-ear coaching and modified self-advocacy curricula. Outcomes reported increases in the frequency and accuracy of self-advocacy behaviors and improvements in the ability to request accommodations.

Across the seven self-advocacy studies, research designs included one randomized controlled trial, two quasi-experimental or pre-post designs, three single-case designs, and one case study. Settings included schools, university programs, therapy centers, and community contexts.

### ***Outcomes***

Self-advocacy interventions yielded converging quantitative and qualitative improvements across studies. Quantitatively, participants demonstrated increases in self-advocacy and self-determination scores, as well as measurable gains in initiation, assertiveness, and communication behaviors. Some studies reported robust effect sizes, particularly in the responsive behaviors of paraprofessionals receiving coaching (Rosenberg et al., 2020), and several interventions produced statistically significant improvements on curriculum-based measures. Qualitative evidence aligned closely with these findings: participants described greater autonomy and a heightened sense of empowerment, reported more positive and effective relationships with educators, and expressed increased emotional readiness and self-confidence. Many also showed greater spontaneous use of advocacy behaviors in contexts beyond the training environment, suggesting promising generalization effects.

### **Discussion**

The findings of this scoping review indicate that interventions designed to enhance job-readiness and self-advocacy skills for adolescents and adults with developmental disabilities, neurodevelopmental conditions, or other impairments affecting adaptive functioning constitute a heterogeneous yet convergent body of evidence. Despite differences in participant characteristics, intervention formats, and methodological designs, the reviewed studies collectively underscore the importance of developing both vocational competencies and self-advocacy capacities to support successful transitions to employment. However, the distribution of evidence across neurodevelopmental conditions is uneven, with a greater concentration of studies focusing on individuals on the autism spectrum compared to other populations.

#### **Comparative Integration of Job Readiness and Self-Advocacy Findings**

Across the two domains, several points of convergence emerged. First, both sets of interventions target foundational competencies that contribute to improved functioning in educational, vocational, and community settings. Job-readiness programs predominantly focus on task-specific vocational behaviors, such as interview performance, workplace routines, and job-search accuracy, while self-advocacy interventions emphasize autonomy, communication, and problem-solving. Yet, many job-readiness studies inherently draw upon self-advocacy components (e.g., self-presentation, self-disclosure, negotiating accommodations), and several self-advocacy programs show downstream relevance for vocational preparation by strengthening self-efficacy, social engagement, and metacognitive awareness. These patterns are most consistently documented in studies involving individuals with ASD, whereas fewer studies have examined how these domains interact in populations with intellectual and developmental disabilities or more complex clinical profiles.

Second, both bodies of literature demonstrate that structured, explicit instruction—whether delivered through behavioral training, digital technologies, or guided coaching—tends to produce measurable improvements. This alignment reinforces theoretical models that highlight the interplay among self-efficacy, communication, and vocational success, suggesting that preparing individuals for the labor market requires a combined focus on both domains. Nevertheless, the types of interventions differ across conditions: technology-enhanced approaches are more frequently applied in ASD populations, while individuals with ID/IDD are more often involved in structured, skill-based or behaviorally oriented programs.

Finally, both job-readiness and self-advocacy research face similar methodological limitations, including small sample sizes, limited demographic diversity, limited ecological validity, and inconsistent operationalization of constructs. These shared gaps indicate a need for greater methodological coherence and longitudinal designs capable of assessing sustained outcomes.

These limitations are particularly pronounced in studies involving non-ASD populations, where the number of available interventions remains comparatively limited.

### **Synthesis of Job Readiness Findings**

Across job-readiness studies, interventions generally yielded positive outcomes for autistic adolescents and young adults, as well as for individuals with intellectual and developmental disabilities or heterogeneous disability profiles. However, the evidence base is more extensive and methodologically robust for individuals with ASD, whereas studies focusing specifically on ID/IDD or mixed conditions are fewer and often rely on smaller samples or less controlled designs. Intensive multicomponent programs, such as Project SEARCH plus ASD (Wehman et al., 2020), have demonstrated significant improvements in competitive employment rates, underscoring the value of immersive, context-embedded vocational preparation. Technology-based approaches, including virtual interview training (Genova et al., 2024; Williams & Smith, 2024), remote audio coaching (Kearney & Torres, 2022), and augmented-reality vocational simulations (Tan et al., 2022), show promising results, leveraging repetition, controlled practice, and immediate feedback that align well with participants' cognitive and sensory needs.

Notably, technology-driven interventions are predominantly represented in studies involving ASD, with more limited application in other diagnostic groups.

Quantitative outcomes across designs consistently showed gains in interview performance, job-search accuracy, mastery of task analysis, and overall employment readiness. Qualitative data further emphasized increased confidence, reduced anxiety, and greater perceived preparedness, findings consistent with frameworks linking self-efficacy to vocational attainment (Wittevrongel et al., 2022). However, methodological constraints, including small sample sizes (Cole et al., 2023), limited

representativeness (Lambert et al., 2023), and the lack of long-term follow-up, limit the generalizability and translational value of these results.

### **Synthesis of Self-Advocacy Findings**

Interventions targeting self-advocacy were also associated with positive reported outcomes across diverse settings and populations. Programs grounded in structured curricula, such as the Self-Advocacy Strategy (Balint-Langel et al., 2020) or modified conflict-resolution training (Holzberg et al., 2019), improved autonomy, communication, and self-regulation, skills that are essential for navigating both educational and workplace environments. Interactive and experiential formats, including multimodal literacy projects (Krishnan, 2021), bug-in-ear coaching (Rosenberg et al., 2020), and drama-based interventions (Cook, 2020), further highlighted the value of pedagogies that provide real-time scaffolding and support the relational nature of self-advocacy. As in the job-readiness domain, a substantial proportion of these interventions have been developed for individuals with ASD, while fewer studies have addressed populations with ID/IDD or complex comorbid conditions in a systematic way.

Quantitative data revealed substantial gains in self-advocacy behaviors, negotiation skills, and self-determination scores, with single-case designs providing strong evidence of functional change. Qualitative outcomes emphasized empowerment, increased engagement, and more effective communication with educators and support staff. Yet, as in the job-readiness domain, methodological issues remain pervasive: studies often rely on small, homogeneous samples, narrowly defined settings, and measurement tools with limited construct clarity or ecological validity (Nevala et al., 2019).

### **Interdependency of Job Readiness and Self-Advocacy**

Taken together, the evidence suggests that job readiness and self-advocacy competencies may be mutually reinforcing. Job-readiness skills support access to employment opportunities, while self-advocacy enables individuals to navigate social expectations, request accommodations, and maintain workplace engagement. Interventions integrating both domains, explicitly or implicitly, have been associated with positive outcomes across studies, suggesting that comprehensive employment preparation should simultaneously address behavioral, communicative, and psychosocial dimensions. However, this interrelationship has been more extensively examined in ASD populations, and less is known about how these domains interact in individuals with intellectual disabilities or more heterogeneous neurodevelopmental profiles.

### **Role of Adult Stakeholders in Intervention Delivery**

Across several studies, adult stakeholders (i.e., educators, paraprofessionals, therapists, and job coaches) played a central role in implementing and reinforcing both job-readiness and self-advocacy

interventions. Their involvement was not limited to procedural fidelity but extended to shaping the relational and ecological conditions necessary for skill acquisition and generalization. In self-advocacy programs, paraprofessionals and educators often serve as communication partners, providing real-time feedback, modeling advocacy behaviors, and creating opportunities for supported autonomy. Similarly, in job-readiness interventions, instructors, vocational counselors, and workplace mentors contributed to scaffolding participants' performance, promoting task engagement, and facilitating the transfer of skills to authentic vocational contexts. These findings underscore that both domains (i.e., vocational preparation and self-advocacy) are inherently relational processes, and that the presence of trained adult stakeholders may serve as an active ingredient in intervention efficacy, particularly for individuals who require consistent prompts, socially mediated feedback, or structured environmental supports.

### **Methodological Considerations and Gaps**

Recurring methodological challenges across studies - including small sample sizes, limited demographic diversity, inconsistent operational definitions, and minimal long-term follow-up - substantially constrain the strength of the conclusions that can be drawn. These limitations echo concerns raised in previous reviews of disability and employment research (Rast et al., 2020; Frentzel et al., 2022). Additionally, the current evidence base is unevenly distributed across diagnostic groups, with a relative scarcity of intervention studies focusing specifically on individuals with intellectual and developmental disabilities or complex comorbid conditions compared to the larger body of work on ASD. To advance the field, future work will need to establish more precise and more consistent construct definitions for both "job readiness" and "self-advocacy," develop standardized outcome measures that enable meaningful cross-study comparison, and recruit more diverse and representative samples. It will also be essential to implement interventions in ecologically valid settings that more closely approximate real workplace environments and to incorporate longitudinal assessments capable of capturing the durability of vocational outcomes over time. Collectively, these methodological considerations directly address the three research questions by delineating the types of interventions implemented, clarifying the behavioral and perceptual outcomes they produce, and characterizing the methodological features that shape the current evidence base.

### **Implications for Practice**

The findings of this review offer several important implications for practitioners, educators, clinicians, vocational specialists, and policymakers involved in supporting adolescents and adults with developmental disabilities or neurodevelopmental conditions during the transition to employment. First, the evidence strongly suggests that job-readiness training is most effective when integrated with explicit instruction in self-advocacy. Rather than treating these skill domains as

independent, vocational curricula should embed opportunities for self-expression, communication, accommodation negotiation, and self-determination within task-specific vocational instruction. Such integration may yield more durable gains in both employment performance and workplace adaptation. Second, the increasing effectiveness of technology-enhanced interventions shows that digital tools can serve as scalable and highly individualized training platforms. Virtual interview simulations, remote audio coaching, and augmented-reality vocational environments allow for repeated practice, immediate feedback, and controlled exposure, features particularly beneficial for individuals who require structured, low-pressure learning contexts. However, practitioners should consider that most of the evidence supporting these tools derives from studies involving individuals with ASD, and their applicability to other populations may require further investigation. Practitioners should consider incorporating these tools as complements to, rather than replacements for, in vivo vocational experiences.

Third, the review underscores the importance of early and continuous intervention. Many of the most successful programs were implemented during adolescence or at the secondary–postsecondary transition, suggesting that opportunities to build vocational and self-advocacy skills should be integrated into school-based programming. Cross-disciplinary collaboration among educators, therapists, paraprofessionals, and job coaches is essential for promoting generalization across settings and ensuring consistency in instructional approaches.

Fourth, interventions that meaningfully involve caregivers, paraprofessionals, and educators tend to foster stronger outcomes. Self-advocacy and job readiness are inherently relational competencies; their development depends on the quality of interactional contexts. Training for school staff, clinical teams, and employment specialists should therefore include components on inclusive communication, prompting strategies, and how to support individuals in articulating their needs.

Finally, practitioners should be aware of the methodological gaps identified in the literature. Interventions should be evaluated with greater attention to maintenance and real-world employment outcomes, cultural and linguistic appropriateness, and alignment with participants' diverse backgrounds. Systematic monitoring and follow-up assessments may help determine which components of training are necessary for sustained employment success.

### **Conclusion**

This scoping review synthesised evidence from job-readiness and self-advocacy interventions for adolescents and adults with developmental disabilities, neurodevelopmental conditions, and related support needs. Regarding RQ1, the review identified a wide range of interventions, from multicomponent vocational programs to technology-enhanced training and structured self-advocacy

curricula. Despite their heterogeneity, these programs shared a common emphasis on explicit instruction, scaffolded practice, and the promotion of autonomy and communication.

In response to RQ2, the findings demonstrated consistent improvements across both quantitative and qualitative outcomes. Participants showed measurable gains in interview performance, mastery of task analysis, employment readiness, autonomy, assertiveness, and self-determination. Qualitative evidence further highlighted enhanced confidence, empowerment, and more effective engagement with educators, paraprofessionals, and workplace mentors. These convergent results should be interpreted with consideration of the uneven distribution of evidence across diagnostic groups, with a greater number of studies currently focusing on ASD populations compared to other neurodevelopmental conditions.

Regarding RQ3, the review highlighted substantial methodological variability across studies. Sample sizes were often small, demographic diversity was limited, and outcome measures lacked standardization. Research designs ranged from randomized trials to single-case experiments, with scarce longitudinal follow-up. These limitations constrain generalizability and underscore the need for more rigorous, ecologically valid, and sustained evaluation of intervention effects.

Overall, the evidence suggests that integrated approaches combining vocational competence with explicit self-advocacy instruction hold the most significant promise for supporting successful transitions to employment. Future studies should strengthen methodological rigor, diversify samples, and prioritize long-term follow-up to determine whether improvements translate into sustained occupational inclusion and autonomy.

### ***Limit of the research and future prospective***

This review has several limitations. First, the review is inherently constrained by the methodological quality of the included studies. Many interventions drew upon small, homogeneous, or convenience samples, limiting the generalizability of findings. In addition, the evidence base is unevenly distributed across diagnostic groups, with a higher concentration of studies focusing on individuals with ASD, while fewer studies specifically target individuals with intellectual and developmental disabilities or more heterogeneous neurodevelopmental profiles. The predominance of studies conducted in specialized or highly controlled environments further limits the ecological validity of the conclusions, raising questions about how well these interventions translate into diverse real-world employment settings. Second, substantial heterogeneity in intervention formats, outcome measures, and construct definitions, particularly regarding "job readiness" and "self-advocacy", complicated cross-study comparison and precluded any formal evaluation of intervention effectiveness. Another limitation concerns the lack of longitudinal data. However, most studies reported immediate post-

intervention gains; very few assessed long-term maintenance, employment retention, or the generalization of self-advocacy skills into workplace contexts.

The scarcity of follow-up outcomes significantly limits conclusions about the sustained impact of these interventions, especially given the critical importance of long-term employment success for individuals with disabilities. Publication bias remains a possibility, as studies with null or mixed outcomes may be underrepresented in the accessible literature.

Finally, while the scope of this review was intentionally broad, it is possible that relevant studies were missed, particularly those located in grey literature, non-indexed journals, or practice-based reports. Future reviews may benefit from including additional data sources or stakeholder consultation to ensure a more comprehensive representation of existing interventions.

### ***Acknowledgements, Grants and Funding***

We thank the partners of the “Equal and Accessible Career Paths” project for their support and shared expertise: Live-säätiö (E10151409 - FI), Gureak Lanean (E10190232 – ES), ΟΔΥΣΣΕΙΑ AMKE (E10236406 – GR) and Zonnelied (E10322563 – BE).

This work was supported by the Erasmus+ Programme of the European Union under grant agreement No. 2024-1-FI01-KA220-ADU-000251773. The authors acknowledge the financial support of the European Union.

### ***Declaration of Interest statement***

The authors report no conflicts of interest.

### ***Authors' contribution***

SI assisted with study concept, study design, data analysis, manuscript preparation, and manuscript editing. MF assisted with the generation of the initial draft of the manuscript, data extraction, and manuscript editing. MA assisted with manuscript editing and contributed to the study concept and interpretation of findings. LV assisted with manuscript editing, data analysis, data interpretation, and study supervision. All authors contributed to and approved the final version of the manuscript.

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